

SECRETARY OF THE SENATE
Date Time Stamp
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COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Kara Marchione

Employing Office/Committee: HELP

Private Sponsor(s) (List all): Aspen Institute

Travel Date(s): February 21-23, 2017

Description/Title of Attached Forms: Amended RE-2 Form

Purpose of Amendment (describe the reason for amending original submission): RE-2 must be amended to include final expense and description for the "Other Expenses" section.

x 4/4/17
(Date)

x Kara Marchione
(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

17 MAR 21 AM 10:26

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The original *Employee Pre-Travel Authorization* (Form RE-1), AND
☒ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): The Aspen Institute (Education + Society Program)

Travel date(s): February 21-23, 2017

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input checked="" type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount	\$54	\$188	\$147.50	\$186 (meeting room rental and incidentals)

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): I attended a three day meeting that included meals and two network receptions to better understand ESSA implementation in the 50 states.

3/21/17 Kara Marchione Kara Marchione
(Date) (Printed name of traveler) (Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

3/21/17 Patty Murray
(Date) (Signature of Supervising Senator/Officer)